

UNITED STATES HOUSE OF REPRESENTATIVES**FINANCIAL DISCLOSURE STATEMENT****FORM B**

For New Members, Candidates, and New Employees

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LEGISLATIVE RESOURCE CENTER

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Name: <i>Erikka Shultz Pease</i>		Daytime Telephone: <i>-</i>
FILER STATUS	<input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives	State: <i>Tennessee</i>
	<input type="checkbox"/> Candidates – Date of Election: _____	<input type="checkbox"/> Check if Amendment
<input type="checkbox"/> New Officer or Employee	Staff Filer Type (If Applicable):	
Employing Office: _____	<input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	
Period Covered: January 1, _____ to _____		
<p><i>U.S. House of Representatives</i> (Office Use Only)</p> <p>A \$200 penalty shall be assessed against any individual who files more than 30 days late.</p>		

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:	
a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS**

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded _____ from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes No

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Erica Stiles Petersen

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BLOCK A		BLOCK B		BLOCK C		BLOCK D			
Assets and/or Income Sources		Value of Asset		Type of Income		Amount of Income			
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.		Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “Tax-Deferred” column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated.		Check for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated.			
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		“Column M is for assets held by your spouse or dependent child in which you have no interest.		“Column XI is for assets held by your spouse or dependent child in which you have no interest.		“Column XII is for assets held by your spouse or dependent child in which you have no interest.			
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	A B C D E F G H I J K L M		I II III IV V VI VII VIII IX X XI XII		I II III IV V VI VII VIII IX X XI XII		I II III IV V VI VII VIII IX X XI XII		
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$1-\$1,000		\$1-\$200		\$1-\$200		\$1-\$200	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$1,001-\$15,000		\$201-\$1,000		\$201-\$1,000		\$201-\$1,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$15,001-\$50,000		\$50,001-\$100,000		\$50,001-\$100,000		\$50,001-\$100,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$50,001-\$100,000		\$100,001-\$250,000		\$100,001-\$250,000		\$100,001-\$250,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$250,001-\$500,000		\$500,001-\$1,000,000		\$500,001-\$1,000,000		\$500,001-\$1,000,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$500,001-\$1,000,000		\$1,000,001-\$5,000,000		\$1,000,001-\$5,000,000		\$1,000,001-\$5,000,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$25,000,001-\$50,000,000		\$50,000,001-\$100,000,000		\$50,000,001-\$100,000,000		\$50,000,001-\$100,000,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*		Over \$50,000,000		Spouse/DC Asset over \$1,000,000*	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		None		None		None		None	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$1-\$1,000		\$1-\$1,000		\$1-\$1,000		\$1-\$1,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$1,001-\$15,000		\$1,001-\$15,000		\$1,001-\$15,000		\$1,001-\$15,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$15,001-\$50,000		\$15,001-\$50,000		\$15,001-\$50,000		\$15,001-\$50,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$50,001-\$100,000		\$50,001-\$100,000		\$50,001-\$100,000		\$50,001-\$100,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$100,001-\$250,000		\$100,001-\$250,000		\$100,001-\$250,000		\$100,001-\$250,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$250,001-\$500,000		\$250,001-\$500,000		\$250,001-\$500,000		\$250,001-\$500,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$500,001-\$1,000,000		\$500,001-\$1,000,000		\$500,001-\$1,000,000		\$500,001-\$1,000,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		\$1,000,001-\$5,000,000		\$1,000,001-\$5,000,000		\$1,000,001-\$5,000,000		\$1,000,001-\$5,000,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		Over \$50,000,000		Over \$50,000,000		Over \$50,000,000		Over \$50,000,000	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		Spouse/DC Asset over \$1,000,000*		Spouse/DC Asset over \$1,000,000*		Spouse/DC Asset over \$1,000,000*		Spouse/DC Asset over \$1,000,000*	
SP, DC, Examples:	ETF	None		None		None		None	
SP, DC, Examples:	Mega Corp Stock, Simon & Schuster	X		X		X		X	
SP, DC, Examples:	ABC Hedge Fund	X		X		X		X	

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: *Erik & Shelly Pearson* Page of

Assets and/or Income Sources		BLOCK A												BLOCK B												BLOCK C												BLOCK D																																																																																																																																															
		Value of Asset						Type of Income						Amount of Income						Value of Asset						Type of Income						Amount of Income						Value of Asset						Type of Income						Amount of Income																																																																																																																																			
ASSET NAME S/N. IT	EST.	A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII																																																																																																																							
<i>Raw Land Pictures</i>	X																																																																																																																																																																																				
		None												\$1-\$1,000												\$1,001-\$15,000												\$15,001-\$50,000												\$50,001-\$100,000												\$100,001-\$250,000												\$250,001-\$500,000												\$500,001-\$1,000,000												\$1,000,001-\$5,000,000												\$5,000,001-\$25,000,000												\$25,000,001-\$50,000,000												Over \$50,000,000												Spouse/DC Asset over \$1,000,000*																																			
		NONE												DIVIDENDS												RENT												INTEREST												CAPITAL GAINS												EXCEPTED/BLIND TRUST												TAX-DEFERRED												Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																																																																															
		None												\$1-\$200												\$201-\$1,000												\$1,001-\$2,500												\$2,501-\$5,000												\$5,001-\$15,000												\$15,001-\$50,000												\$50,001-\$100,000												\$100,001-\$1,000,000												\$1,000,001-\$5,000,000												Over \$5,000,000												Spouse/DC Income over \$1,000,000*																																															
		Current Year												Preceding Year												Current Year												Preceding Year												Current Year												Preceding Year												Current Year												Preceding Year																																																																																															
		None												\$1-\$200												\$201-\$1,000												\$1,001-\$2,500												\$2,501-\$5,000												\$5,001-\$15,000												\$15,001-\$50,000												\$50,001-\$100,000												\$100,001-\$1,000,000												\$1,000,001-\$5,000,000												Over \$5,000,000												Spouse/DC Income over \$1,000,000*																																															
		None												\$1-\$200												\$201-\$1,000												\$1,001-\$2,500												\$2,501-\$5,000												\$5,001-\$15,000												\$15,001-\$50,000												\$50,001-\$100,000												\$100,001-\$1,000,000												\$1,000,001-\$5,000,000												Over \$5,000,000												Spouse/DC Income over \$1,000,000*																																															

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: Erik Stotts Pearson Page 1 of 1

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

***Column K is for liabilities held solely by your spouse or dependent child.**

SP DC, JR	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability							
				A	B	C	D	E	F	G	H
				\$10,001-\$15,000							
				\$15,001-\$50,000							
				\$50,001-\$100,000							
				X	\$100,001-\$250,000						
					\$250,001-\$500,000						
					\$500,001-\$1,000,000						
					\$1,000,001-\$5,000,000						
					\$5,000,001-\$25,000,000						
					\$25,000,001-\$50,000,000						
					Over \$50,000,000						
					Over \$1,000,000* (Spouse/DC Liability)						

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations), and positions solely of an honorary nature. **New Members** and **second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Name: _____ Page _____ of _____

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

Use additional sheets if more space is required.